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# Entrustable Professional Activities (EPAs) for the Assessment of Early Medical Students

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H. Carrie Chen, MD, MEd  
Meg McNamara, MD  
Arianne Teherani, PhD  
Patricia O'Sullivan, EdD  
Olle ten Cate, PhD



University of California San Francisco  
School of Medicine

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# Purpose

- To describe the development and content validation of a set of UGME EPAs for the transition from pre-clerkship to clerkship training



# Background

- Increasing emphasis on early clinical experiences
- Challenges for preceptors
  - Integrating students into practices
  - Assessing students via competency framework
- Framing of competencies in context of workplace activities (as EPAs)
  - More explicit guidance for student roles/ activities
  - Better alignment with how preceptors assess performance

# Entrustable Professional Activities (EPAs)

- Essential professional tasks/responsibilities that faculty members entrust to qualified learners
- Executable within a given time frame
- Observable and measurable
- Lead to recognized output suitable for focused entrustment decisions
- Require integration of specific knowledge, skills, attitudes
- Reflect important competencies
- Units of work constituting core of profession

-Ten Cate & Scheele, Acad Med 2007

-Ten Cate, Acad Med 2014

# Levels of Supervision

- Level 1: may observe; not allowed to practice activity
- Level 2: may practice under proactive full supervision
- Level 3: may practice under reactive (on demand) supervision
- Level 4: may practice unsupervised (but with clinical oversight)
- Level 5: may supervise activity

-Ten Cate et al., Med Teach 2010  
-Ten Cate, Acad Med 2014

# Use of EPAs

- Primarily in PGME
- At transition points in medical training
- Common approaches to EPA development
  - Delphi
  - Nominal group technique
- Often list of EPA titles generated
- But real essence of EPA is in description

# Recommended EPA Description

1. EPA title
2. Detailed description of activity
3. Expected knowledge, skills, attitudes
4. Link with competencies and milestones
5. Sources of information to determine progress
6. Basis for formal entrustment
7. When unsupervised practice expected; implications of entrustment

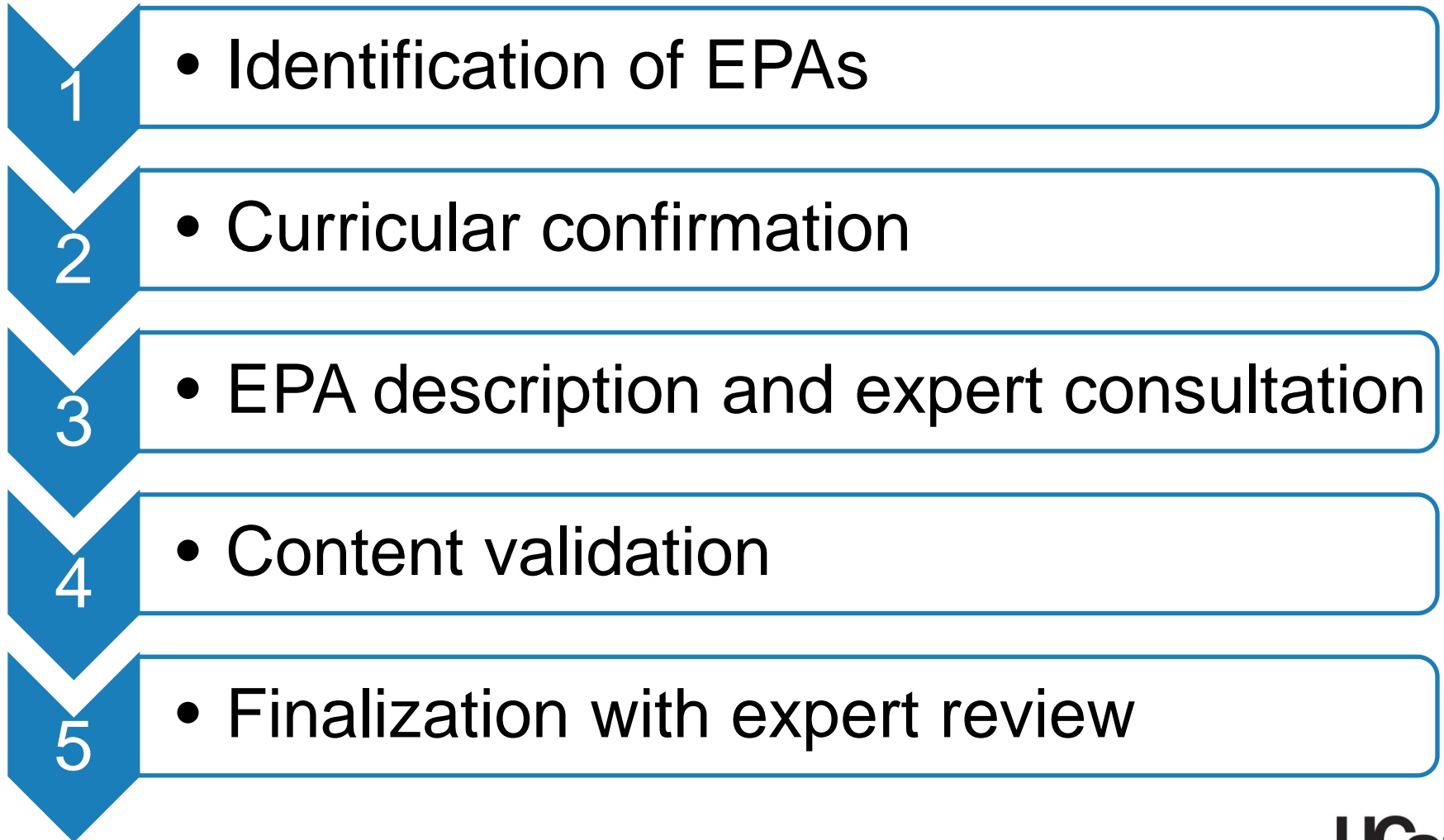
-Ten Cate, JGME 2013



# Approach to EPA Development & Validation

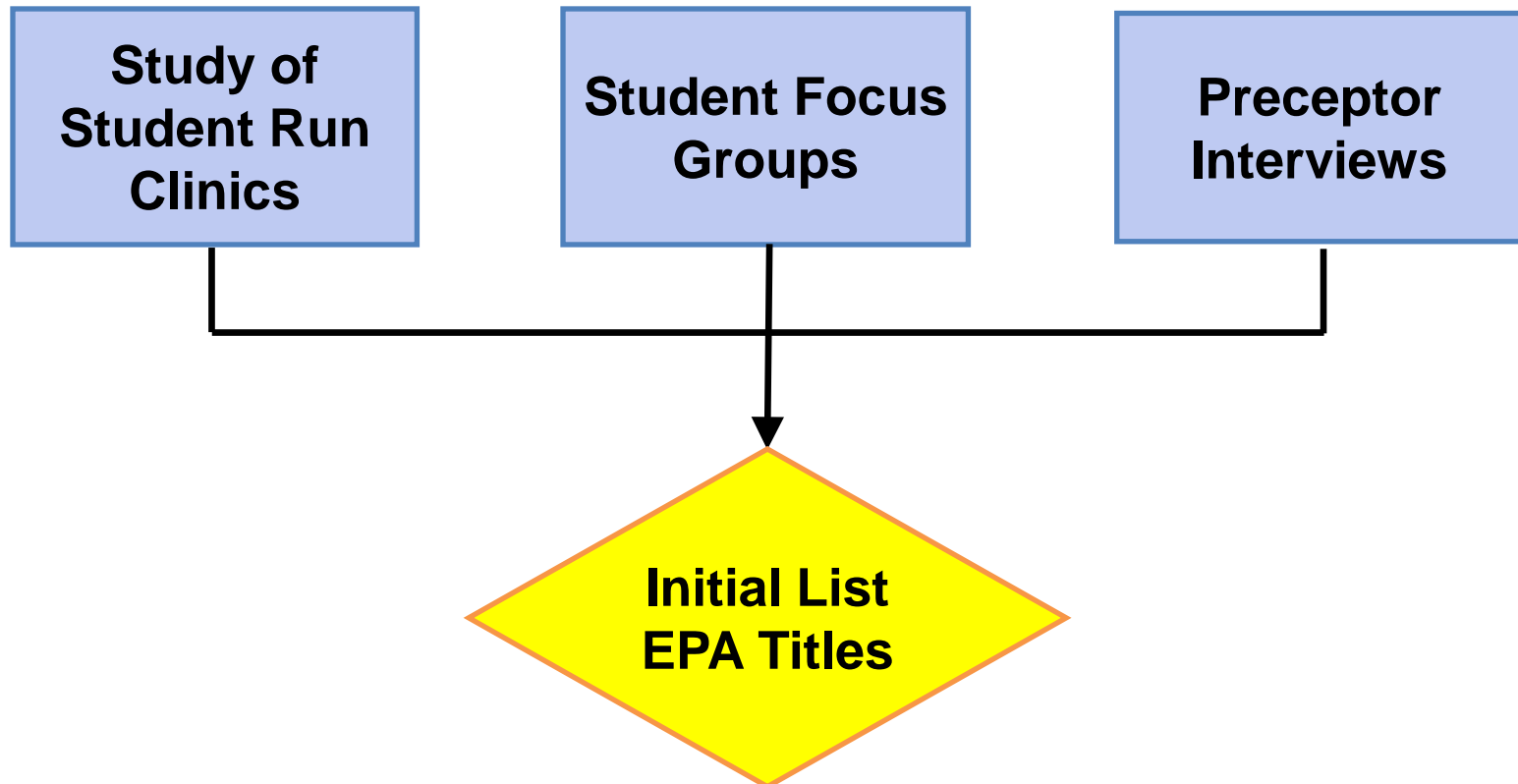
- EPAs for entry into clerkships
- Defined supervision/entrustment level
  - Level 3: practice with supervision on demand
  - Supervisor outside of room
- EPAs of smaller scope
  - Descriptions clarify limits and parameters to suit junior student
- Full EPA descriptions, not just titles

# Five Phase Process

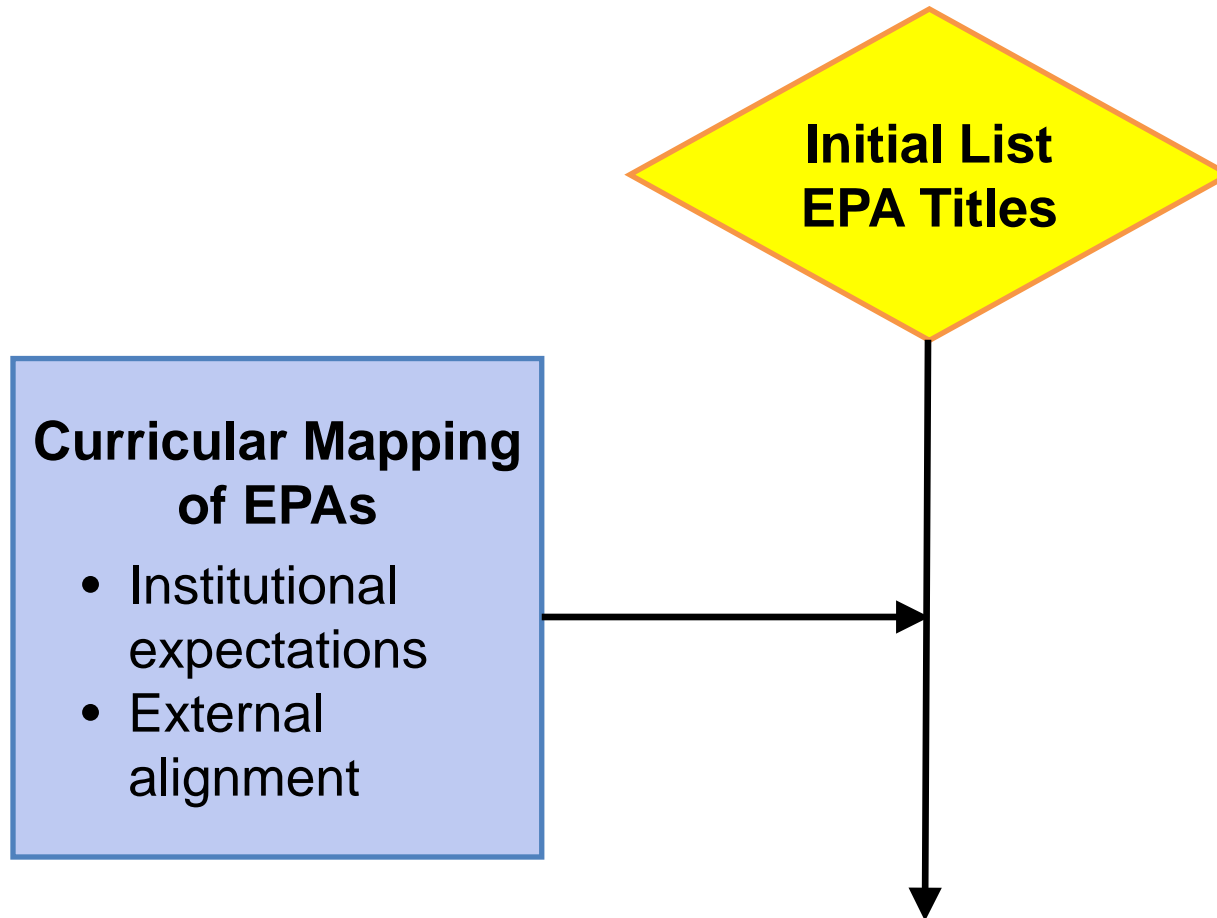


# 1) Identification of EPAs

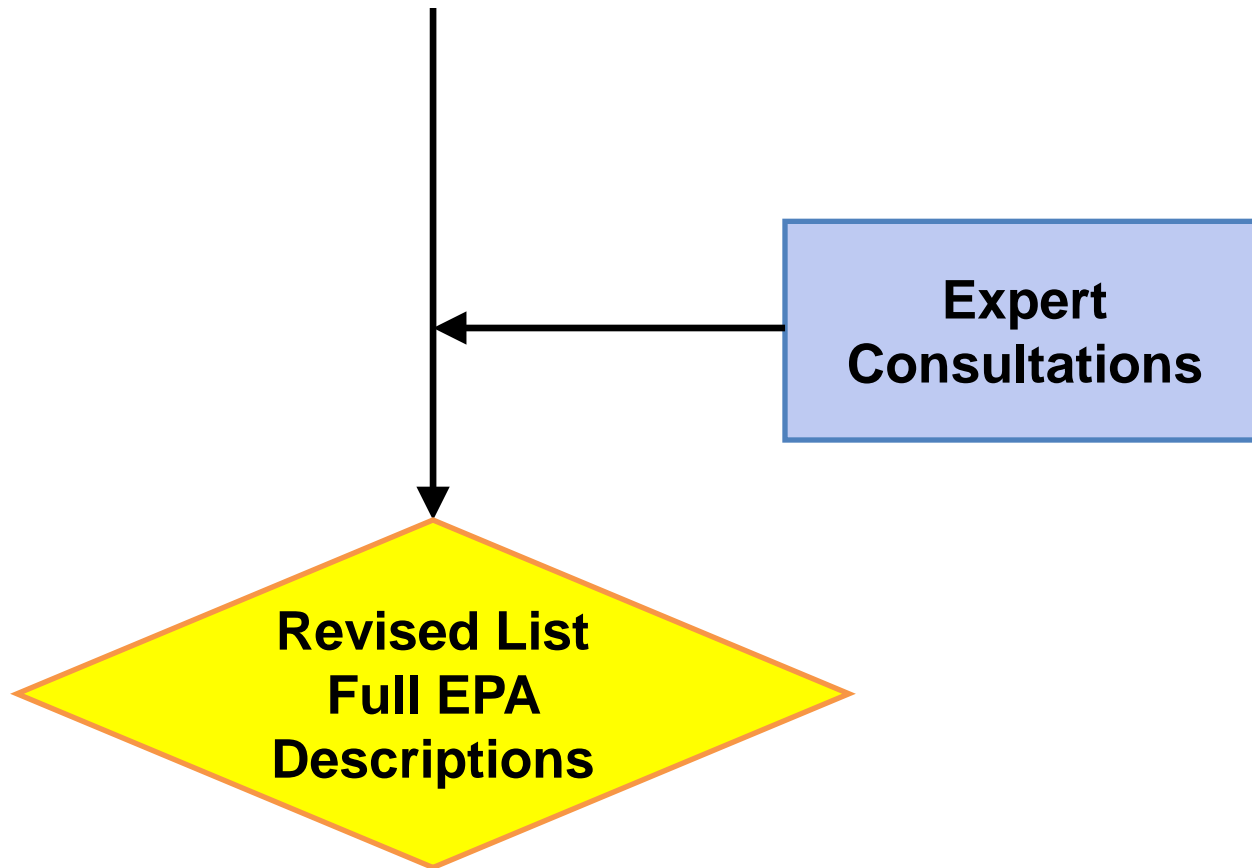
## Demonstrated Student Capabilities



## 2) Curricular Confirmation



### 3) EPA Description and Expert Consultation



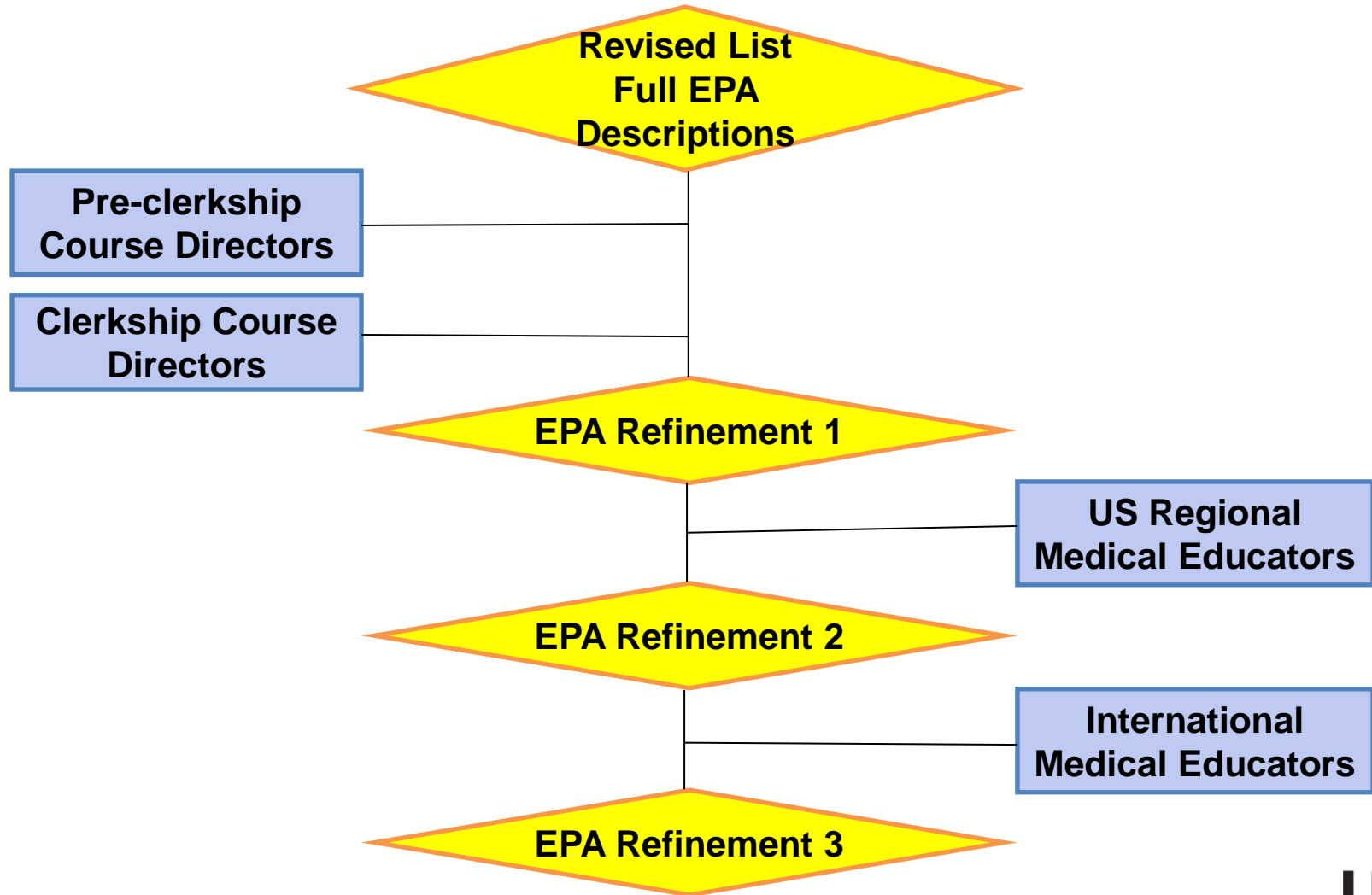
# Full EPA Description

1. EPA title
2. Detailed description of activity
3. Expected knowledge, skills, attitudes
4. Link with competencies and milestones
  - preceptorship objectives
  - course competencies
  - school graduation competencies
  - AAMC and PGME EPAs
5. Sources of information to determine progress
6. Basis for formal entrustment
7. Implications of entrustment

# Brief Example of Detailed Description of EPA

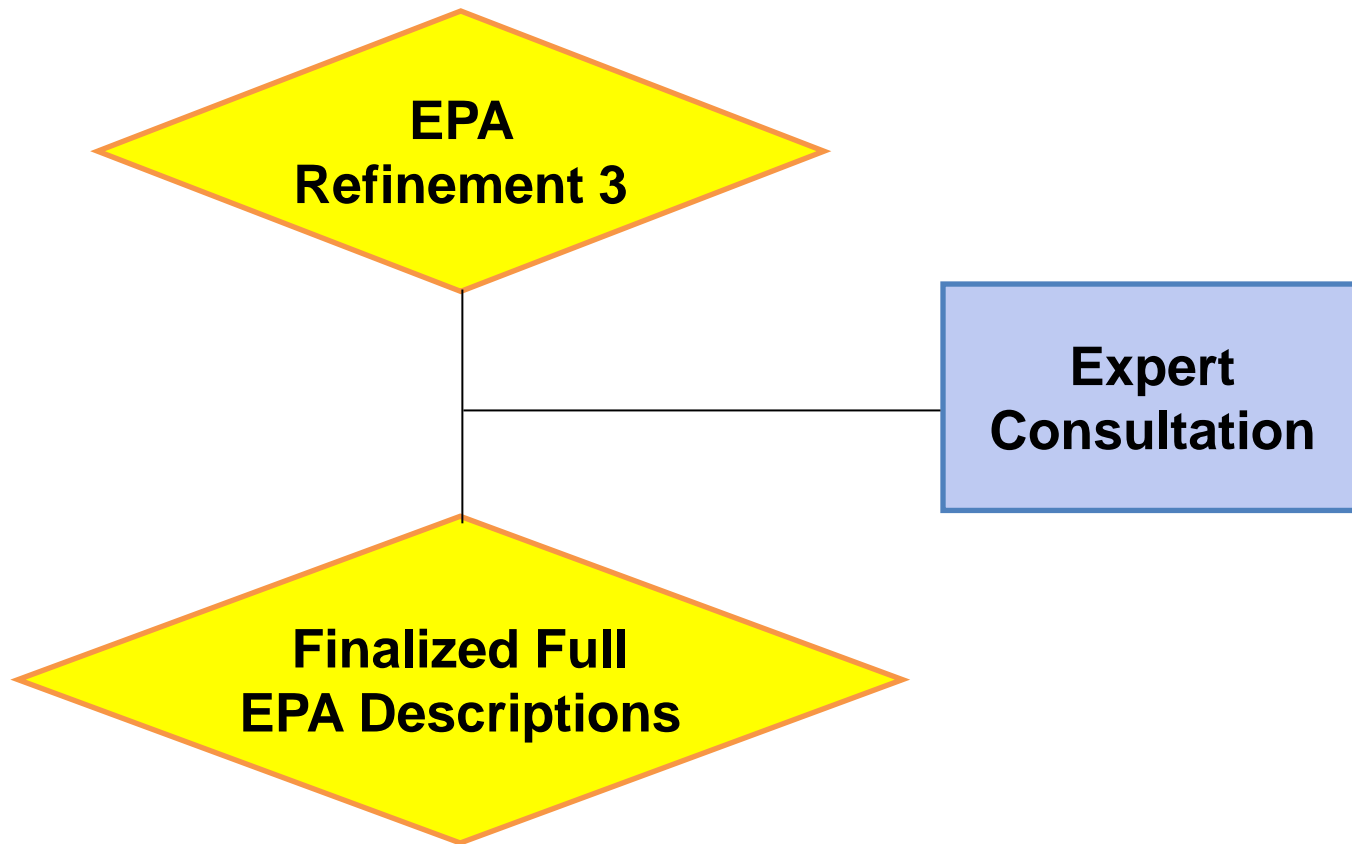
- Use chief complaint to gather history and perform physical exam in the following circumstances:
  - Patient has a common chief complaint (e.g. cough, abdominal pain, fever, rash, etc)
  - Physical exam does NOT include the genitourinary, rectal or female breast exam
  - Patient is medically stable and is not in significant physical or emotional distress as determined by a supervising clinician
  - Patient is mostly cooperative and relatively cognitively intact (e.g. not delirious or demented, etc)

# 4) Content Validation





## 5) Finalization with Expert Review



# Proposed pre-clerkship EPAs

1. Gather information from a medically stable patient with a common chief complaint
2. Integrate information gathered about a patient to construct a reasoned and prioritized differential diagnosis as well as a preliminary plan for common chief complaints
3. Communicate information relevant to a patient's care with other members of the health care team
4. Share information about the patient's care, including diagnosis and management plan, with a patient in no significant physical or emotional distress
5. Provide the health care team with resources to improve an individual patient's care or collective patient care

# Discussion

- Pre-clerkship and clerkship agreement on expectations for entry into clerkship
- Variation of expectations across schools
  - Agreement among US schools, reasonable agreement internationally
  - Valuable conversation about student engagement in authentic patient care activities and contribution to patient care
- Consideration of EPA for common procedures
- Workshop approach to validation allows rich discussion and fine tuning of parameters of expected activities

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# Contact Information

ChenHC@peds.ucsf.edu

